

## TUBERCULOSIS

Patient (Last, First)		Age	Lab No.
<input type="checkbox"/> New Suspect <input type="checkbox"/> Routine Workup <input type="checkbox"/> Known Active Case		Date Specimen Obtained	
		Date Received in Lab	
SITE <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Sputum  <input type="checkbox"/> Urine         </div> <div> <input type="checkbox"/> Gastric  <input type="checkbox"/> Other _____         </div> </div>			
Physician		State of Idaho <b>DEPARTMENT OF HEALTH &amp; WELFARE</b> <b>Bureau of Laboratories</b>	
Street Address			
City, State, Zip Code			